

CORRECTED VERSION



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

SUPPLEMENTAL

REPORT NO. **E350386**

CASE #	14-02021
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>

TRIBAL RESERVATION

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	08	-	19	-	2014			1925	31					0664	

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

STATE ROUTE 204 BLOCK NO. 0 MILE POST 50

DISTANCE 300 FEET OF (REFERENCE OR CROSS STREET) 10TH STREET SE

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME ARMSTRONG FIRST NAME IAN MIDDLE INITIAL F

STREET NEW ADDRESS 6704 50TH PLACE NE

CITY MARYSVILLE ST WA ZIP 98270

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX U D.O.B. 08 - 20 - 1995

ON DUTY ☐ STATUS AIRBAG 1 RESTR. 1 EJECT 2 HELMET USE 1 INJURY CLASS 7 NATURE OF INJURIES SCRAPES BRUISES

LICENSE PLATE # N/A STATE VIN# 03303215B0406

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE MS VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4253207349

LAST NAME GORDON FIRST NAME DONNETTE MIDDLE INITIAL R

STREET NEW ADDRESS 117 83RD DRIVE SE

CITY LAKE STEVENS ST WA ZIP 98258

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # GORDODR337MM STATE WA SEX F D.O.B. 07 - 14 - 1967

ON DUTY ☐ STATUS AIRBAG 2 RESTR. 9 EJECT 1 HELMET USE 1 INJURY CLASS 1 NATURE OF INJURIES

LICENSE PLATE # APD3408 STATE WA VIN# 1G3WX52KXXF334240

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR 1999 MAKE OLDS MODEL INTRIGUE STYLE P4 VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # STATE FARM 152-5138-D07-47 CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐

OFFICER'S NAME (PRINT) R. RUTHERFORD BADGE OR ID # 130 AGENCY WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E350386**

CASE # **14-02021**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CALVO SHANNON M																	
ADDRESS & PHONE #		9211 16TH PL SE LAKE STEVENS WA 98258 4253977347																	
SEX		U		D.O.B. MMDDYYYY		03		28		1972									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		HART KATHLEEN F																	
ADDRESS & PHONE #		9210 MARKET PLACE H104 LAKE STEVENS WA 98258 4255129817																	
SEX		U		D.O.B. MMDDYYYY		08		12		1986									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		DALY MICHAEL D																	
ADDRESS & PHONE #		10056 2ND PLACE NE LAKE STEVENS WA 98258 4254189653																	
SEX		U		D.O.B. MMDDYYYY		05		24		1968									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

On 08/19/2014 at about 1925 hours, I was dispatched to a collision involving a motorized scooter and a motor vehicle. The driver of the scooter V1) was driving S/W on the shoulder of SR204 approximately 300feet west of Tenth Street SE. The driver of V2) was in in the travel lane of the roadway on SR204 approaching MP .5. The witnesses said the rider of the motorized scooter was riding erratically and swerved directly into the path of the vehicle travelling S/W on SR204. The driver slowed but could not stop as the scooter rider turned left into the travel portion of the roadway. One witness commented that when they reached the scooter rider that he stated that his GPS told him to turn left, so he did. The scooter rider was transported by aid car to Providence hospital in Everett WA with scrapes and bruises. I contacted the hospital at about 2010 hours and was advised that the scooter rider had been released.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		08-21-14 10:24 PM			
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED	
APPROVED BY		DATE		PLACE SIGNED	
BOB SUMMERS 079		8/20/2014 11:33:27 PM			
BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	7:26 PM
				TIME POLICE ARRIVED	7:29 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E350386**

CASE # **14-02021**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DALY MARIA A																	
ADDRESS & PHONE #		10056 2ND PLACE NE LAKE STEVENS WA 98258 4253351500																	
SEX	U	D.O.B.	MMDDYYYY		11	-		01	-		1969								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		OBERHOLTZER KELLY C																	
ADDRESS & PHONE #		1706 116TH DRIVE NE LAKE STEVENS WA 98258 4253307823																	
SEX	U	D.O.B.	MMDDYYYY		05	-		24	-		1962								
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
SEX		D.O.B.	MMDDYYYY			-			-										
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

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I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-21-14 10:24 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

8/20/2014 11:33:27 PM

BADGE OR ID # **130**

ORI #

WA0311900

TIME POLICE DISPATCHED

7:26 PM

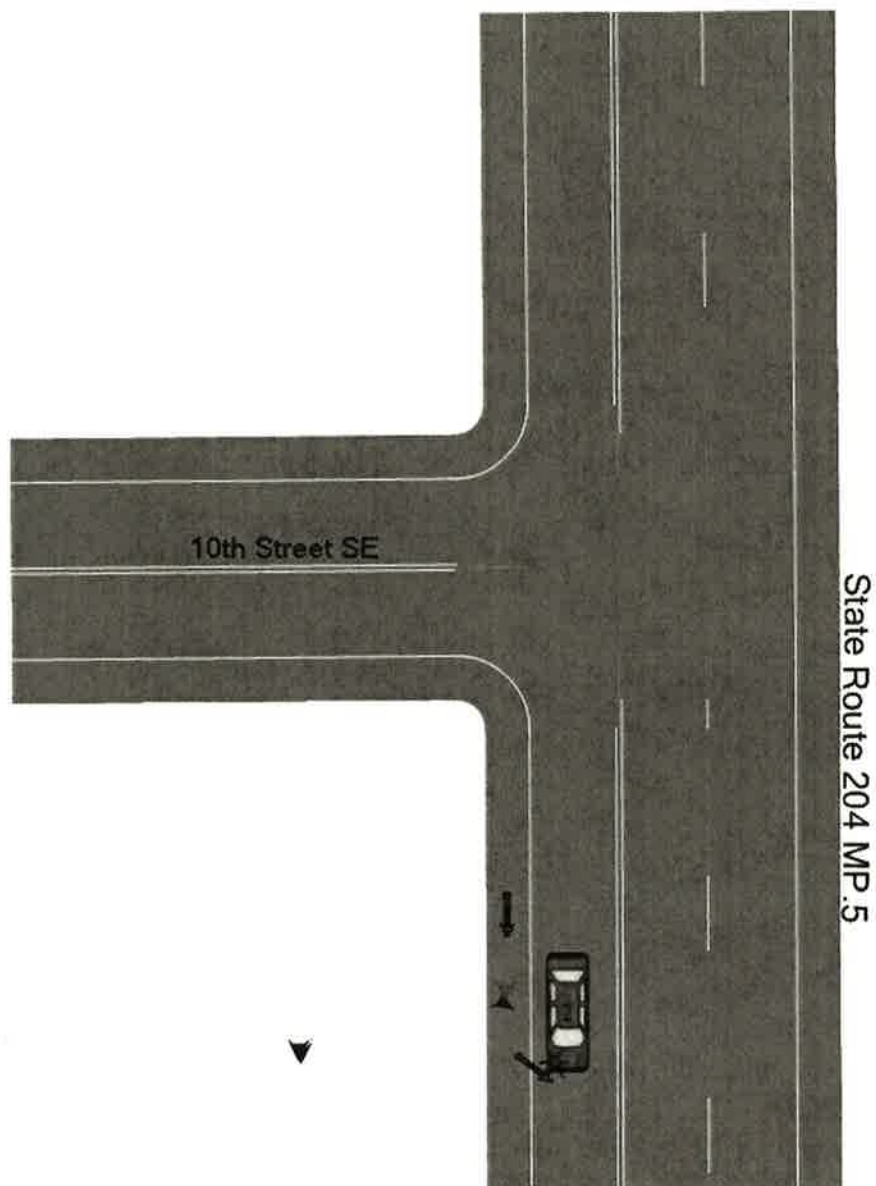
TIME POLICE ARRIVED

7:29 PM

REPORT NO. E350386

CASE # 14-02021

DATE AND TIME
OF COLLISION 08/19/14 19:25





STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO.

CASE #	14-02018 ← ? 14-2021
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input type="checkbox"/>
TRIBAL RESERVATION					

DATE OF COLLISION	08	-	19	-	2014	1925	COUNTY #	31	MILES		N	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input checked="" type="checkbox"/>	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION	<input type="checkbox"/>	NON-INTERSECTION	<input checked="" type="checkbox"/>
STATE ROUTE 204	BLOCK NO.		0	50
	MILE POST	<input checked="" type="checkbox"/>		

DISTANCE	300	00	MILES	<input type="checkbox"/>	N	<input type="checkbox"/>	E	<input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	10TH STREET SE
	FEET	<input checked="" type="checkbox"/>	S	<input type="checkbox"/>	W	<input checked="" type="checkbox"/>				

UNIT 01	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	<input checked="" type="checkbox"/>	NO	PHONE	
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LAST NAME	ARMSTRONG	FIRST NAME	IAN	MIDDLE INITIAL	F
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STREET NEW ADDRESS	6704 50TH PLACE NE
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CITY	MARYSVILLE	ST	WA	ZIP	98270
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	08	-	20	-	1995
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	1	RESTR.	1	EJECT	2	HELMET USE	1	INJURY CLASS	7	NATURE OF INJURIES	SCRAPES BRUISES
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LICENSE PLATE #	N/A	STATE		VIN#	03303215B0406
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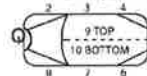
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL	MS	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #		CITATION #		CHARGE	
VEHICLE LEGALLY STANDS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			

VEHICLE NO. 1
SHADE IN DAMAGED AREA



UNIT 02	MOTOR VEHICLE	<input checked="" type="checkbox"/>	PEDAL-CYCLE	<input type="checkbox"/>	PEDESTRIAN	<input type="checkbox"/>	PROPERTY OWNER	<input type="checkbox"/>	DAMAGE THRESHOLD MET	YES	<input checked="" type="checkbox"/>	NO	PHONE	D: 4253207349
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LAST NAME	GORDON	FIRST NAME	DONNETTE	MIDDLE INITIAL	R
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STREET NEW ADDRESS	117 83RD DRIVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	GORDODR337MM	STATE	WA	SEX	F	D.O.B.	07	-	14	-	1967
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ON DUTY	<input type="checkbox"/>	STATUS		AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	APD3408	STATE	WA	VIN#	1G3WX52KXXF334240
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1999	MAKE	OLDS	MODEL	INTRIGUE	STYLE	P4	VEHICLE TOWED	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES	<input type="checkbox"/>	NO	<input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 152-5138-DO7-47	CITATION #		CHARGE	
VEHICLE LEGALLY STANDS	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			

VEHICLE NO. 2
SHADE IN DAMAGED AREA



OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

CASE #

~~14-02018~~

14-2021

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		CALVO SHANNON M																	
ADDRESS & PHONE #		9211 16TH PL SE LAKE STEVENS WA 98258 4253977347																	
SEX		U		D.O.B. MMDDYYYY		03		28		1972									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		HART KATHLEEN F																	
ADDRESS & PHONE #		9210 MARKET PLACE H104 LAKE STEVENS WA 98258 4255129817																	
SEX		U		D.O.B. MMDDYYYY		08		12		1966									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		DALY MICHAEL D																	
ADDRESS & PHONE #		10056 2ND PLACE NE LAKE STEVENS WA 98258 4254189653																	
SEX		U		D.O.B. MMDDYYYY		05		24		1968									
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

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I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		08-20-14 09:58 PM		PLACE SIGNED	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET		DATED	
APPROVED BY		DATE		8/20/2014 11:33:27 PM	
JEFF LAMBIER 104					
BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	7:26 PM
				TIME POLICE ARRIVED	7:29 PM



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

CASE #

14-02018

14-2021

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		DALY MARIA A																	
ADDRESS & PHONE #		10056 2ND PLACE NE LAKE STEVENS WA 98258 4253351500																	
		SEX	U	D.O.B. MMDDYYYY		11	- 01 -		1969										
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		OBERHOLTZER KELLY C																	
ADDRESS & PHONE #		1706 116TH DRIVE NE LAKE STEVENS WA 98258 4253307823																	
		SEX	U	D.O.B. MMDDYYYY		05	- 24 -		1962										
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #																			
		SEX		D.O.B. MMDDYYYY			- - -												
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

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R. RUTHERFORD

08-20-14 09:58 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

JEFF LAMBIER 104

DATE

8/20/2014 11:33:27 PM

BADGE OR ID # 130

ORI #

WA0311900

TIME POLICE DISPATCHED

7:26 PM

TIME POLICE ARRIVED

7:29 PM

REPORT NO.

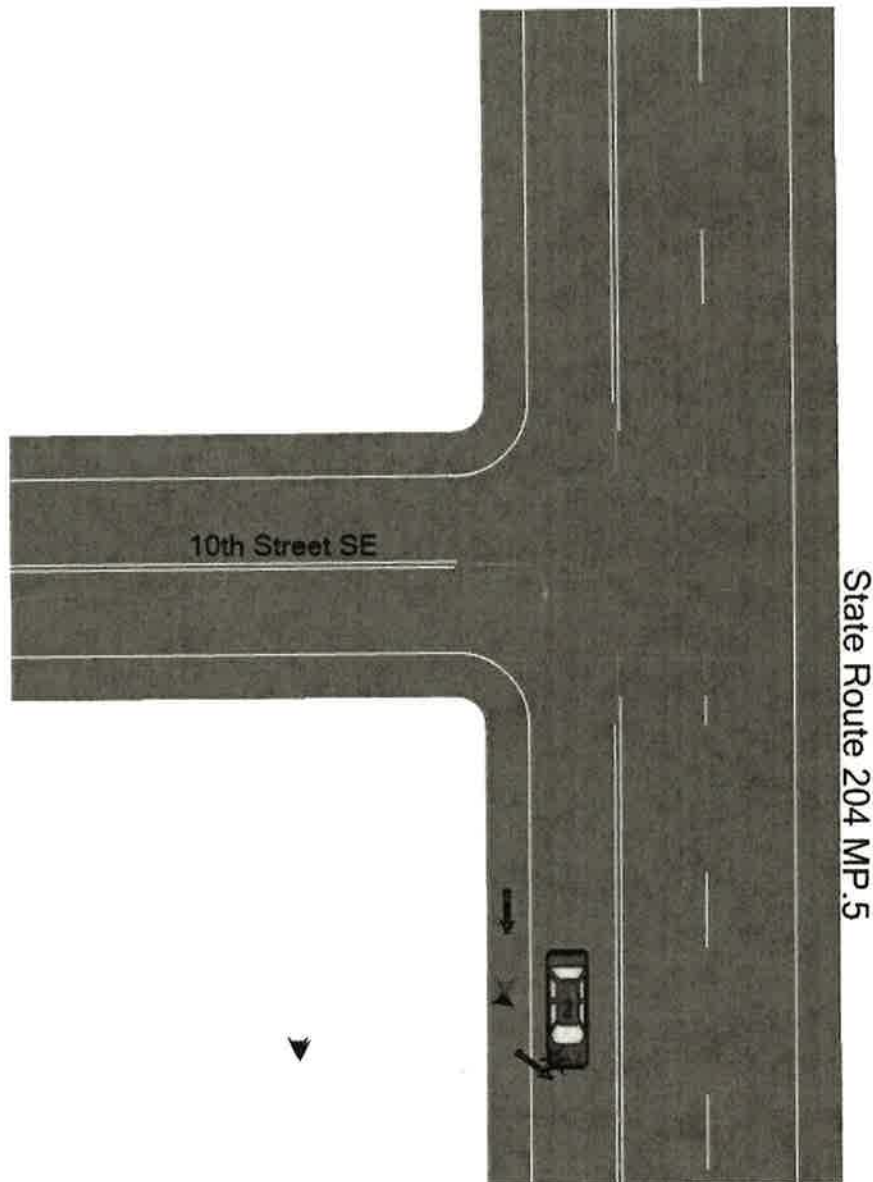
CASE #

14-2021

14-02018

DATE AND TIME
OF COLLISION

08/19/14 19:25



LSPD
ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02021

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Oberholtzer Kelly C	RACE W	ETH	SEX F	DOB 05/04/62	AGE 52	HGT 5'3"	WGT 175	HAIR Brown	EYES Brown
STREET ADDRESS 1706 116th DR NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-330-7823		CELL PHONE SAME		PLACE OF EMPLOYMENT Dyron Avionics						
WORK PHONE 425-402-0433		EMAIL ADDRESS kellobera@gmail.com								

I, Kelly Oberholtzer, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

On Hwy 204 before 10th Street

I was traveling towards Frontier Village on Hwy 204, ^(inside lane) when a young man on a scooter (who was already in traffic) started acting irrationally, going from side to side while on his scooter went in front of a car.

The driver in my opinion had no time to stop and hit the young man on the scooter, with the front end of her car.

The driver stopped immediately to offer assistance.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <u>Kelly C. Oberholtzer</u>	DATE SIGNED 08/19/14	LOCATION SIGNED Hwy 204
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

ORIGINAL

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

CAN

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02021

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Daly, Maria Anne	RACE Italian	ETH Ca.	SEX F	DOB 11/1/69	AGE 44	HGT 5'4	WGT 144	HAIR Br	EYES Br
STREET ADDRESS 1005th 2nd Pl NE		CITY Lake Stevens		STATE Wa		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-780-7004			PLACE OF EMPLOYMENT Lake Stevens School District					
WORK PHONE 425-335-1500		EMAIL ADDRESS empi beetle@gmail.com								

I, Maria Daly, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Driving down road when I saw a young male on a scooter begin to turn into our lane. Donnette slowed down and he continued to turn into our lane. Donnette swerved to avoid him but he was hit by the car. There was no way to avoid hitting him.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Maria Daly

DATE SIGNED: 8/19/14

LOCATION SIGNED: 204

OFFICER/NUMBER:

DATE SIGNED

LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

CAN

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02021

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) DALY Michael Daniel	RACE W	ETH	SEX M	DOB 5/24/68	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 10056 2nd Place NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425 418 9653		CELL PHONE SAME			PLACE OF EMPLOYMENT Harbor Marine					
WORK PHONE		EMAIL ADDRESS DALY LAKE STEVENS C Gmail.com								

I, Michael Daly, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED. HWY 204

We were driving, I was in the back seat. There was a person driving on the shoulder of the road on a motorized skateboard/scooter. He was driving erratically. So the driver slowed down. All of a sudden he made a sharp left turn right in front of the car. Our driver tried to swerve to the left to avoid him, but was impossible. There is no way the driver could have anticipated him coming into the lane of traffic. We ran out to him right after the accident and asked him "why he did that". He said he was listening to his GPS and it told him to change lanes. He never looked back to see if traffic was coming. I was a passenger in the car that hit him.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Michael Daly</u>	DATE SIGNED: <u>8/19</u>	LOCATION SIGNED: <u>Across from Accident</u>
OFFICER/NUMBER:	DATE SIGNED:	LOCATION SIGNED:

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

ORIGINAL

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02021

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Hart, Kathleen F	RACE W	ETH	SEX F	DOB 8-12-1966	AGE 48	HGT 54	WGT 130	HAIR BR	EYES GR
STREET ADDRESS 9210 Market Pl H04		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425 512 9817		CELL PHONE 425 894 7430		PLACE OF EMPLOYMENT Lake Stevens Sch 15						
WORK PHONE 425 335 1520 x2453		EMAIL ADDRESS Kathy-hart66@comcast.net								

I, Kathleen Hart, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was a passenger in my friends car (Donnette Gordon) I was in the rear passenger side. As we were headed west on HWY 204 ~~as~~ we noticed a young man on a motorized scooter on the side of the road ~~as~~ He started to swerve into the road into our car. Donnett slowed down and he continued to turn into the road; and into our car. We tried to avoid hitting but were unable to. He hit the right front passenger side of the car breaking the windshield & we pulled over to the side of road. He had moved to the side

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Kathleen Hart</u>	DATE SIGNED 8/19/14	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

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ORIGINAL

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-02021

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Calvo, Shannon Maurine	RACE	ETH	SEX F	DOB 3-28-72	AGE 42	HGT 4'11"	WGT 120	HAIR B	EYES H
STREET ADDRESS 9211 16 TH PL SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-397-7347		CELL PHONE 425-231-6422		PLACE OF EMPLOYMENT LK Stevens School Dist.						
WORK PHONE 425-335-1520		EMAIL ADDRESS scalvo@outlook.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Heading south on SR 204 near 10th. I was in the front passenger seat of the car. We all in the car noticed a person on a scooter on the shoulder swerving. The driver of our car slowed because she saw him swerving. The person then made a ~~sharp~~ turn into the road in front of us. Our driver swerved into the median lane to miss the person and we collided. ~~Our~~ He hit on the pass. front window & fell to the ground. We immediately pulled to opposite side of the road & got out. By the time I got out to the street the person ~~was~~ had gotten to the shoulder. Kathy called 911. A witness got him a blanket. Hart

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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PAGE ___ OF ___

Driver

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02021

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) GORDON, DONNETTE R	RACE C	ETH	SEX F	DOB 7/14/67	AGE 47	HGT 52	WGT 122	HAIR Br	EYES Hazel
STREET ADDRESS 117-83rd Dr SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE		CELL PHONE 425-320-7349		PLACE OF EMPLOYMENT Lk Stevens Schol District						
WORK PHONE		EMAIL ADDRESS								

I, Donnette Gordon, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Coming down Hwy 204 Kid was on scooter. Swerving along side. Started coming across white sidewalk line. Started braking. Kid came into lane. I put on brakes and swerved into the center divider. ~~then~~ Then proceeded to drive to the other side of the Hwy. All oncoming cars had stopped. Got out of car. Kid was standing up walking. Ask if he was okay. He said he was okay. ~~At~~ I asked him what he was doing. He said that his GPS told him to turn here. I had him sit down and a bystander gave him a blanket. He showed us his road rash on his left side. Police

INSURANCE. STATE FARM 152 5138 DO7-47

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:

OFFICER NUMBER:

DATE SIGNED

DATE SIGNED

LOCATION SIGNED

LOCATION SIGNED

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LSPD
ORIGINAL



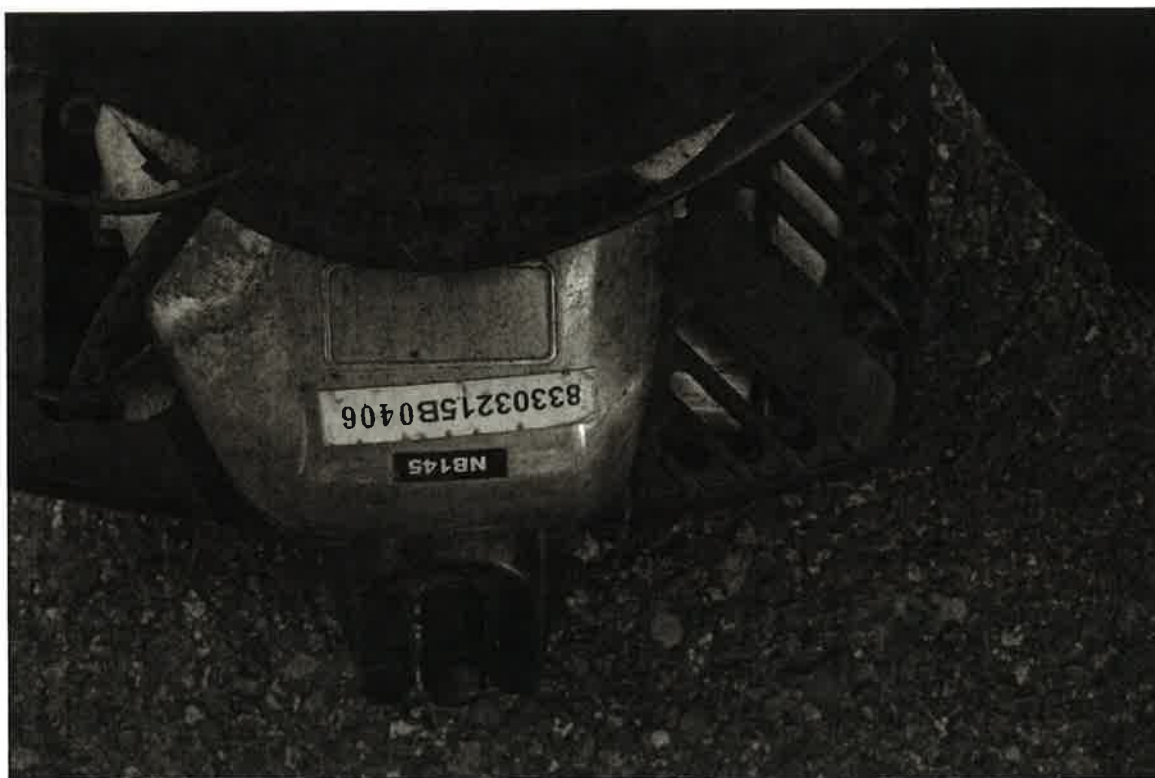
LSPD
ORIGINAL



CSPD
ORIGINAL



LSPD
ORIGINAL



LSPD
ORIGINAL



LSPD
ORIGINAL

LAKE STEVENS POLICE EVIDENCE UNIT				Primary Officer/Badge Number <i>Rutherford 4130</i>				Case Number <i>1902021</i>			
Type of Crime: <u>Felony / Misdemeanor (Circle)</u>				Type of Case: <i>Collision</i>				Date/Time: <i>08/9/14</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING				*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification							

Case #

Item # Action #	Item	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber							
	(Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber							
	(Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber							
	(Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item # Action #	Item	Brand Name				Storage Location	Disposition	
	Brand/Model/Caliber							
	(Further Description)							
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS14016283 Xref: #AG14002377

Case Numbers: \$SS14002021

Entered 08/19/14 19:26:14 BY SPDF24 SP0153
Dispatched 08/19/14 19:26:46 BY SPDP17 SP0274
Enroute 08/19/14 19:26:46
Onscene 08/19/14 19:29:50
Closed 08/19/14 20:03:53

Initial Type: COLP Initial Alarm Level: Final Alarm Level:

Final Type: COLP (COLLISION, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS003 Fire BLK: AG1417 Map Page: 397B-2 Group: SS1 Beat: SOUT

Src: T

Loc: 9 ST SE/SR 204 ,LKS (V)

Loc Info:

Name: HART, KATHY

Addr:

Phone: 4258947430

/1926 (SP0153) ENTRY , AID ENRT, SCOOTER INTO SIDE OF VEH ON WB SR 204
/1926 CROSS , SCOOTER DRIVER SITTING O N GROUND, HARD IMPACT
/1926 (SP0274) DISPER 19R1 #AG14002377
/1927 ASSTER 19N1 #SS130 RUTHERFORD, OFCR (RICH)
[9 ST SE/SR 204 ,LKS]
#SS131 WELLS, OFCR (CHAD)
/1928 (SP0263) SUPP TXT: REQ AVAIL OF ALNW
/1929 (SP0274) MISC 19R1 , AID AT 10 SE/SR 204
/1929 (SP0263) SUPP TXT: AVAIL ARL, BOEING AND B' HAM, 1 RIDER, PD OS
/1929 (SP0274) ONSCNE 19R1 [10/SR 204]
/1929 CHGLOC 19N1 [10/SR 204]
/1930 ASSTOS 19S16 [10/SR 204]
#SS104 LAMBIER, OFFICER (JEFF)
/1931 MISC 19S16 , DIVERTING TRF TO 10TH
/1931 ONSCNE 19N1
/1931 (*****) REMINQ 19R1 APD3408
/1931 (SP0274) REMINQ 19R1 LIC, 19R1, APD3408, , ,
/1934 ASSTOS 19N2 [10/SR 204]
#SS105 IRWIN, OFFICER (DENNIS)
/1935 MISC 19R1 , SER # 83303215B0406
/1944 (*****) REMINQ 19R1 ARMSTRONG. IAN. F. 08201995..
/1944 (SP0274) REMINQ 19R1 NAME, 19R1, ARMSTRONG, IAN, F, 08201995, ,
/1946 MISC 19R1 , PASSPORT #C07020880
/1946 MISC 19R1 , PASSPORT #C07020550
/1947 REMINQ 19R1 WANT, 19R1, X, NC, , , , ARMSTRONG, IAN, F, 1995, 08, 20, M,
', , , , ,
/1953 (SP0380) \$PREMPT 19N2
/1955 \$PREMPT 19S16
/1959 ASNCAS 19R1 \$SS14002021
/2003 CLEAR 19N1 D/H
/2003 CLEAR 19R1 D/H
/2003 CLOSE 19R1

ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

FOLLOW-UP / ROUTING SHEET

MUST HAVE CITATION NUMBER OR SUSPECT INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		CASE NUMBER 14-02021 DATE
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

OFFICER / DETECTIVE REQUEST		
<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE		<input checked="" type="checkbox"/> NO FURTHER ACTION REQUIRED
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)		<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY FOR RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT: 9-3-14		BY: CB #20

<input type="checkbox"/> FORWARD ORIGINAL FILE WITH THE FOLLOW-UP TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR FELONY CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE (ATTACH PROSECUTOR REQUEST FORM)		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

CASE CLOSED	
<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR [Signature]	DATE SIGNED [Signature]
SERGEANT APPROVAL	DATE SIGNED

RECORDS DATA ENTRY	ADDITIONAL	PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>	DATE:
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